

# “IVF Holiday”: Contradictions of Patient Care Abroad

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*Abstract: This paper considers North American patient contradictory experiences in traveling to the Czech Republic for assisted reproduction. Feminist scholars have discussed how reproductive technologies involve contradictions for patients. Although they offer women new opportunities, they also constrain women via medicalization. Most perniciously, these “hope technologies” (Franklin 1997) compel women to keep seeking more treatment. I argue that the global terrain of reproductive travel only exacerbates the contradictions of these “global assemblages” (Ong and Collier 2005) – the movement of reproductive technologies around the world - for patients.*

*The contradiction of medical holiday more broadly construed involves even further complications as women try to embody positive thinking by taking a holiday. However, it is clear that there are decisive breaks in the vacation couples experience, when the reality of infertility treatment and clinic visits interrupt their European vacation. In addition, the high cost of the trip pressures women to have a successful treatment. They internalize the lay-medical admonitions that they must not be stressed when undergoing treatment, and claim they try to be “zen”, a metaphor for New Age ideology and positive thinking, about the treatment. Inevitably, the experience of infertility treatment abroad is empowering for North Americans whereby patients feel agency as consumers within a neoliberal framework of healthcare, yet also disempowering when patients embrace an etiology of self-managed patient-care.*

*Key words: IVF Holiday, contradiction, reproductive travel, positive thinking*

## Introduction

Reproductive travel has grown as one of the main forms of medical travel due to the high cost of treatment, as in the United States (Spar 2006; Thompson 2005); strict regulatory laws, as in Italy (Zanini 2011); or a lack of access to biomedical technologies in some countries (Pennings 2002).<sup>1</sup> The Czech Republic has become an important destination site for the reproductive travel of North American

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and European patients, largely thanks to the entrepreneurial efforts of two internet-based brokers. These brokers self-refer as “IVF Coordinators.” North American women suffering infertility, yet unable to afford treatment in the United States, seek information by going online, where they land upon the sites of support or broker websites. The Czech Republic is a popular medical tourism destination for Americans and Westerners not only for reproductive care, but for cosmetic surgery as well. In addition, it is a popular spa destination, offering balneological and hydrotherapeutic treatment for various chronic ailments (Speier 2011a).

The Czech Republic is one of the top five destinations for reproductive travel, which is also prominent in Spain, Russia, India and the United States. Destination sites of fertility travel have evolved through a combination of sophisticated medical infrastructure and expertise, particular regulatory frameworks, and lower wage structures which allow reproductive technologies to be performed at competitive lower costs than in other countries. Cultural familiarity, regulatory boundaries and the availability of services such as sex selection or commercial ova donation are important (Blyth and Farrand 2005). Also, patient tourists travelling to the Czech Republic are seeking “white” babies from Czech egg or sperm donors (see also Kahn 2000:132, Nahman 2008). North Americans are particularly interested in egg donation.

Largely due to reproductive travel, the Czech Republic has witnessed a boom in the field of assisted reproduction, and has seen the growth of thirty-one, mostly private clinics scattered across the nation, some nestled in border towns near Austria and Germany, most situated in urban centers, and others in university towns with easy access to student donors<sup>2</sup>. Czech clinical websites advertise in English, German, Italian and Russian, stressing the ready availability of student ova donors with only a three-month waiting period. The Czech reproductive medical field is profiting from its lower price structure and liberal legislation. In June 2006, the Czech Republic passed Legislative Act No. 227/2006 Col. which governs sperm and oocyte donation. Under this legislation, donation is legal but must be voluntary, gratuitous and anonymous. Donors are recruited largely through local universities, via posters plastered around the university, or public announcements on the radio or in magazines.

This paper considers North American patient contradictory experiences in traveling to the Czech Republic for assisted reproduction. Feminist scholars have discussed how reproductive technologies involve contradictions for patients. Although they offer women new opportunities, they also constrain women via medicalization. Most perniciously, these “hope technologies” (Franklin 1997) compel women to keep seeking more treatment. I argue that the global terrain of reproductive travel only exacerbates the contradictions of these “global assemblages” –

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2 <http://www.stopneploдности.cz/kde-vam-pomohou>

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the movement of reproductive technologies across the globe – as they are experienced by reproductive travelers (Ong and Collier 2005).

The contradiction of a medical holiday more broadly construed involves even further complications when women try to embody positive thinking by taking a holiday. However, it is clear that there are decisive breaks in the vacation couples' experience, when the reality of infertility treatment and clinic visits interrupt their European vacation. The high cost of the trip pressures women to have a successful treatment. They internalize the lay-medical admonitions that they must not be stressed when undergoing treatment, and claim they try to be "zen" about the treatment. The terminology used by Maureen, a reproductive traveler from Los Angeles, evokes a metaphor from New Age ideology and positive thinking in North America. Inevitably, the experience of infertility treatment abroad is empowering for North Americans whereby patients feel agency as consumers within a neoliberal framework of healthcare, yet also disempowering when patients embrace an etiology of self-managed patient-care.

After a brief discussion of methodology, this article addresses the feminist contradictions embedded in reproductive technologies. This paper elaborates upon the contradictions embedded within global reproductive travel, considering the levels at which patients enact agency. North American patient travelers leave their everyday life of work and stress in their pursuit of in-vitro fertilization and a European holiday. Czech clinic coordinators encourage Americans to embrace an ideal of positive thinking, thereby perpetuating a moral economy of reproductive health. In this sense, the "compulsion" to try is extended globally. Inevitably, patients experience ambiguity amidst the many choices about their "IVF holiday".

## Methods

Anthropologists Inhorn (2004), Speier and Whittaker (2010) have discussed the difficulty of gaining access to infertile couples, especially those who travel abroad seeking services. The anthropologist must rely on the clinic as well as IVF brokers to meet patients. The two brokers that work with Czech clinics and North American couples – referred to as "IVF Holiday" and "IVF Choices" – provided me with initial contacts with their Czech employees, clinical coordinators, doctors and sites of patient accommodation in the Czech Republic. Both IVF Holiday and IVF Choices sent out a survey I created to past clients who had already traveled to the Czech Republic, and the survey garnered thirty respondents. Many of these respondents agreed to a follow-up interview. Finally, the brokers put me in contact with patients who were in the Czech Republic while I was there.

This research is based on a multi-sited ethnographic project conducted in North America and the Czech Republic over the past four years. During the summers of 2008 and 2010, I met and interviewed individuals in two separate coor-

inator companies for reproductive travel to the Czech Republic. Each coordinator company, owned by Czech women who married American men, works with a different clinic in eastern Czech Republic. IVF Choices is based in Atlanta, Georgia. The owner, Petra, works with a clinic in Brno, Czech Republic, and she has two coordinators based in the United States and two in the Czech Republic. She has a contract with the clinic so that the clinic works exclusively with her. IVF Holiday is based in Ohio, and works with a clinic in Zlín. However, its relationship with the clinic is a bit more strained. The clinic began taking clients directly in 2009, when it hired a clinic-based English speaking coordinator.

During the summers of 2010 and 2011, I traveled to the Czech Republic. I spent a total of three months in Zlín and one month in Brno. In both cities, I conducted participant observation at the fertility clinic, and spoke with North Americans I met at the clinic or *penzion* – guest house – in Zlín. Patients vouched for my credibility on one particular website geared toward North American patients traveling to Zlín, at which point I was able to meet many other patients. This paper is based on 30 surveys and 52 interviews that have been conducted with patients, brokers, coordinators, and reproductive specialists. This research is not complete, since the third phase will be conducted during the summer of 2012, when I will travel to North American households and follow up the life histories of patients I met in the Czech Republic. Pseudonyms have been used for all informants – patients, coordinators, brokers and doctors.

### A “compulsion” to keep trying

Feminist scholars have noted the power inherent in biomedical reproductive medicine (Martin 2001; Rapp 2000; Davis-Floyd 2003). Many anthropologists have considered the ways in which medicalization is disempowering to women (Martin 1989; Turiel 1998). For example, Sandelowski (1991) has written of how women feel “compelled to try” reproductive technologies. On the other hand, Sundby (2002) has revealed the empowering nature of reproductive technologies as they are resources, often distributed unevenly, offering some women the chance to conceive. Feminist theory has often failed to consider the actual experiences of women suffering infertility (Sandelowski 1990), and the issue of “choice” with fertility needs to be explored (Turiel 1998). Michal Nahman (2008) has considered the selling of one’s eggs as a question of choice and women’s rights over their body. In this vein, others have noted the feminist contradictions involved in the medicalization of treatment for infertility. Given the cross border nature of reproductive travel, the contradictions that already infuse the experience of infertility are exacerbated.

When patients are quoted \$10,000 to \$40,000 (the minimum price is for women using their own eggs) for in-vitro fertilization in the United States, with no

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guarantee of success, they feel as if a road-block has interrupted their “journey” of infertility (Speier 2011b). Often, patients turn to the Internet to seek further options. Patients feel that their stress is eased with the information and new choices they stumble upon when they first hear of reproductive travel. It gives them a sense of control. Here, the hope of reproductive technologies proffered abroad is empowering for patients who see it as removing the road-block. The Czech Republic offers treatment for IVF at around \$3000 and for an egg donor cycle the cost is \$4000, costing North Americans around \$10,000 with travel.

The preliminary survey distributed to previous reproductive travelers asked patients about reproductive care they received in the United States, their assessment of that care, the ways in which they found out about reproductive travel, and their assessment of their treatment in the Czech Republic. Most respondents were unsatisfied with the “care” and high costs of treatment in North America, and often diametrically opposed their experiences in the Czech Republic from their previous treatments. Czech doctors and clinical staff are portrayed as truly caring by North American patients.

Ironically, unlike other forms of medical travel, travel for assisted reproduction is usually not a ‘one off’ procedure, but rather a commitment to a range of tests and procedures across the course of a ‘cycle.’ For this reason, IVF treatment appears an unlikely candidate as a procedure for medical travel because of the time and multiple steps involved. For a woman, a ‘cycle’ in IVF takes place across approximately 21 to 28 days. It involves suppressing a woman’s normal menstrual cycle, inducing ovulation, usually involving daily injections of pituitary hormones to produce a number of eggs, ‘oocyte retrieval’ (the ‘harvesting’ of those eggs using an ultrasonically guided needle), their fertilization by sperm, growth ‘in vitro’ in the laboratory across a number of days, selection and further testing in the case of PGD, further hormonal stimulation for some women to induce the production of endometrial lining, and transferring (usually two) resulting embryos directly into the uterus. Two weeks later, testing (which may occur back in the home country) reveals whether implantation of the embryo has been successful. Men have less physical involvement. This is so even when male infertility requires procedures such as ICSI (intracytoplasmic sperm injection), involving testing and sperm collection through masturbation or a surgical procedure. Alternately, a man may have his sperm collected in his home country and couriered overseas for use.

While some tests and procedures may be undertaken in their home countries before travelling overseas, minimally, a woman undergoing IVF must stay in the Czech Republic for 2-3 weeks. Women are usually able to find a doctor or clinic in North America who will help her complete initial tests and obtain medications. However, if she chooses to complete all of her preparation and testing for a cycle in the destination clinic, she may need to stay for up to three months. Paradoxically,

couples with more complex fertility issues who must use egg donors may need to spend less time in the destination clinic.

Reproductive travelers see themselves as consumers, and they can choose among various inter-related resources as they make travel plans to the Czech Republic (Becker 2000). Metzl and Kirkland's *Against Health* (2010) reveals the ways in which the medical industrial complex, in seeking patients to consume particular products in their endless search for “health,” creates a framework whereby patients are consumers. Furthermore, the various ways patients act as consumers is often framed in terms of “moral responsibility” over one's health, and the extent to which they consume is reflected in moral judgments against the individual.

When health care is situated in a neoliberal framework, individuals often assume (moral) responsibility for their health. In addition, positive thinking is a pervasive ideology of social control (Ehrenreich 2009). Positive thinking implies that what you think will manifest itself in the world. You change the world with your thoughts, exert a force. When women experience infertility, they are often told that if they relax, they will get pregnant. Petra, owner of IVF Choices, claimed that some people are so stressed, they simply cannot ever get pregnant. Dr. R of the Zlín clinic estimated 30-40 percent of infertility cases as mental. What is problematic is that women self-blame and become caught within a vicious cycle of worry, stress, and trying to relax. Once they land upon the option to take an IVF vacation, the pressure to relax grows stronger.

In remembering her own infertility journey, Petra remembers that once she and her husband had decided to have children, they wanted it to happen immediately. When it did not, she said she became “obsessed” with it. In the United States, there is the element of having to add fertility treatment to the everyday stress women already experience. Petra spoke of how stressful treatment is in the United States, because women typically maintain their work schedules when undergoing treatment. Hence, they must juggle the stress of their everyday lives with the clinic's spontaneous requests for women to come in to too-frequent blood work. Petra remembers the stress of having to leave her job at a moment's notice. Daniel also remembered when he and Maureen had begun trying to conceive, and how the timing and introducing stress into the equation was a “nightmare”. Furthermore, the stigma associated with infertility added another element of stress. Many women with whom I spoke did not share their troubles or issues with friends and family. Hence, the burden of secrecy added to the weight of the work involved in undergoing treatment in the United States. Julie, who did not share her infertility struggle with friends, said that it was stressful hiding doing treatment at home, sneaking off to the clinic. The struggle of infertility and experience with fertility treatments at home are understood as work. Zoe remembered asking herself why she had to work so hard in seeking options online. Jenny claims, “If they want children, they have to do the work.”

Despite the very real stress of infertility, the etiology of infertility is explained by the power of the mind. Infertility patients often blame themselves on two fronts, as they assume moral responsibility for their health care and succumb to the ideology of positive thinking. They think they may not be healthy enough or that they have not been thinking positively. Since it is the woman's body that is the focus of reproductive technologies, women tend to blame themselves for their inability to get pregnant. They feel guilt, shame and sadness, often claiming that they feel "broken." They point to other friends of theirs, who may be overweight or eat poorly, and wonder how they can get pregnant - making direct correlations between "health" and fertility. For example, Valerie, after having experienced four miscarriages, said with exasperation, "I have a friend who is 42, overweight, eats like crap and she got pregnant, damn it. I'm healthier than her, why can't I get pregnant?" Linda also spoke of her relative health status, hinting that since she was a moral (healthy) person, she should get pregnant.

As mentioned, women feel compelled to try the newest reproductive technologies, seeking out other ways to have a family. This compulsion is often framed in moral terms, as a form of social control that pressures women at the same time that it empowers them. Angela, coming from Chicago remembered how she had stopped trying to find affordable options of IVF. She mentioned a friend who "didn't want her to give up" trying to have a baby. While some may see this as supportive encouragement, one could also see it as a form of pressure on Angela, to never stop trying for a child. In addition, as Jenny wrote me from California, after she had miscarried from her third attempt, "We live at a time when things are changing in so many ways on all levels so it's hard to know where you should stand on things. It was so much easier for our parents!" The rapid changes in the field of assisted reproduction may, in fact, confuse women and pull them in multiple directions.

### **Contradictions of IVF holidays**

There has been considerable debate as to the proper label for those patients traveling abroad for care. Some have argued that the term "reproductive tourist" connotes excess pleasure and is inappropriate (Pennings 2005; Inhorn and Birenbaum-Carmeli 2008). Some have argued that we should label these lower and lower-middle class patients "reproductive exiles" since they are forced to seek treatment outside of their home countries (Matorras 2005; Inhorn and Patrizio 2009). Although most would assume that only the affluent can afford to travel abroad for care, Elaine Sobo and others claim, "medical travelers seeking biomedical treatment overseas may be disproportionately representative of the working poor" (Sobo, et al. 2011: 133). What I began to realize is the Americans traveling to the Czech Republic are Caucasian and lower class. If they are not lower class, they have

exhausted their funds for treatment in North America. When I interviewed the head doctor from Reprofit, Dr. M, he said “Of course they are”, adding, “the pure, typical American, they don’t know where Europe is.” One patient self-referred as “Joe Schmoe, not Celine Dion”.<sup>3</sup> The average age of informants was 40, with ages ranging from 27 to 53. However, most patients traveling to the Czech Republic are well versed in the world of assisted reproduction, knowing all the medications and the process of treatment, having already experienced at least an intra-uterine insemination (IUI), if not a cycle of in-vitro fertilization (IVF), in the United States. The majority had experience travelling abroad. However, I did meet two couples who had never been abroad prior to their trip to the Czech Republic.

The majority of patients who “do the research” (Speier 2011) online are women, since they often seek support from others on infertility boards and chats – often a source of empowering information. One must remember, not only do women find the vast wealth of information on the internet expands their options, it also leads them to assume a much more active role as a patient, whereby they have increased responsibility over their health care. Leah was thoughtful about the high degree of “self-management” involved in reproductive travel.

At the most basic level, as women “do the research” online, their self-management begins with information gathering about treatment options abroad. While most women I spoke with talked of feeling “comfort” with finding information online, as Zoe did, there is a hidden, underlying level of increased patient responsibility. She said while there is a “world of information out there,” she also had feelings of wondering why this was so much “work.” Then, she quickly reframed the situation. A bit self-righteously, she said women simply have to be “proactive” about their health care. This reframing spins the “work” of infertility onto women as heroic risk takers on “quests for therapy” (Janzen 1978). The majority of reproductive travelers spoke of themselves as active researchers and admonished other women to be proactive about their treatment and “do the research, whether or not they are going to the US or abroad,” as Faith proclaimed. Again, this imperative implicitly judges the women who do the work as morally superior to those who remain uninformed.

As most people know, traveling abroad involves a lot of preparation and “work” (Graburn 2010). Linda and Michael admitted that planning the trip was “stressful.” It is clear that the coordinator companies called “IVF Holidays” or “IVF Choices” frame reproductive travel as a vacation and pose as travel agents. They claim to offer patients not only a more affordable, but also a less stressful IVF treatment. One website reads: “How does shopping, sightseeing, spa treatments, massages, history and quality time alone, or with your close friends/family sound?” Multiple patient testimonials on broker websites claim they had a real vacation while getting

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3 Joe Schmoe is a colloquial term that refers to the “average” American.

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treatment: “We took full advantage of the vacation aspect of this trip and this truly made the medical experiences...less stressful.”

Some couples seem to be spokesmen for IVF brokers, but only after having a successful cycle in the Czech Republic. Deborah said, “If it didn’t work, we got a wonderful vacation.” Tracy kept saying, “For \$11,000 we had a European vacation, made the best of friends, and came home with two babies. That is the best part.” Maria also repeatedly said that it was a “worry free” vacation and that it was much less stressful than in the States. It is no wonder that Hana of IVF Holiday used Maria as a constant referral for people wanting more information about the trip.

Broker websites are adorned with patient testimonials that attest to the fact that they had a European vacation while they were in the Czech Republic. Since in-vitro fertilization does not have a hundred percent success rate, brokers sell a vacation. In this way, patients do not feel that they are wasting their money. One testimonial writes: “When we had failed cycles in the States (we had many, many failures here) we felt like our money just went to waste. It just evaporated. Even if we didn’t get pregnant on our first try in the Czech Republic, our money gave us a great vacation and memories” (retrieved June 23, 2010). Even if a trip and treatment to the Czech Republic costs \$10,000, patients rationalize spending the money in the Czech Republic as also offering them holiday memories.

Brokers like IVF Holiday and IVF Choices market their services as easing couples’ travel abroad, and, in fact they do a lot of the “work” associated with travel and treatment, taking on the stress many couples may face in arranging accommodation and clinic appointments. Lauren and John appreciated the “door to door service” IVF Holiday provided from the airport to their *penzion*, since it added an element of relaxation. The *penzion* has been slowly expanding its services to cater to its North American guests, which include renting cars, serving dinner in addition to breakfast, and providing rides to the clinic. IVF Choices owner Petra claimed that her business sought to offer a “low stress” alternative, with various options based on cost. At the same time, she often said she wanted to help her clients be independent. We confront another contradiction whereby patients are paying for someone to do a lot of the “work,” yet Petra is also encouraging them to be independent, to proactively assume responsibility for their treatment. The rhetoric of a neoliberal patient care model imbues Petra’s words, whereby she “liberates” the patient consumer with choices, while at the same time she reifies their responsibility for their health care.

I would argue that the most insidious contradiction of reproductive travel builds on a common idealistic etiology of infertility. Often women hear from friends, doctors, and the media that if they simply relax, then they will get pregnant. IVF brokers are building on this assumption in promising a vacation. In addition, they are selling a way for couples, who have been told they need to relax, a way to relax. One testimonial claims, “I know being so relaxed and calm helped us get pregnant with twins on our first trip!” (from IVF Alt retrieved June 23, 2010).

Treatment in the Czech Republic is characterized by patients as less stressful than treatment in the United States, since patients only visit the Czech clinic two or three times (see also Hudson and Culley 2011). Linda claimed her treatment was less stressful, and Kate said during their travels, there were times when they were not thinking about their fertility treatment. When she had been in the United States, it had been “fertility, fertility, fertility,” which affects how you go through a cycle emotionally. In addition to the freedom from the daily stresses of life in North America, couples often enjoyed the quality time they had together. Of course, couples also enjoy being off work, since it is a rarity in the United States to have three weeks off. Couples often diametrically opposed their “normal busy” lives to the quiet, relaxing town of Zlín. Faith said that she enjoyed the family time she had during the trip. In some cases, as with Zoe and Alison, parents, sisters or other family members would join the couple or woman as an additional level of support. Furthermore, a general notion of romance, history and intrigue imbue European travels for North Americans.

Couples who may not have traveled before found comfort in the presence of other North Americans. A true sense of camaraderie of sharing the experience of reproductive travel, as researchers, risk takers, and sufferers of infertility is often cited as one of the high points of many peoples’ experiences. One testimonial writes, “We had three other couples undergoing IVF, and sharing the same experiences and nervousness. In a matter of a very few days we became friends - and probably friends for life.” Maureen had told me that one reason they had chosen to come to the Czech Republic was the “comfort of more people coming here.” Maureen wrote on her blog for the day of the transfer: “Tomorrow’s the big day so we are going to try to be zen about it and relax. It’s good to have met other people here going through the same thing. It makes you feel less alone.” Notice the fact that she feels the pressure to relax – a conundrum indeed. Julie felt comfort in sharing with others in Zlín, especially since she didn’t talk about her infertility at home. One woman said, “I love being away and not having to work, it is really nice not having to deal with daily pressures.” Another husband also said, “The whole cycle thing is going to be tough, so why not go somewhere where one doesn’t have all the everyday stress?”

In my research, there were large variations in the touristic elements of patient experiences. However, their experiences were always fraught with contradiction. The extent to which couples or women enjoyed a European vacation depended largely on their socioeconomic status. Analytically, I have divided my informants into three main groups: those who embody the typical tourist (20 % of respondents), those who visit local Czech sites and take time to relax (50% of respondents), and those who have put all of their savings into treatment and do not “tour” (30% of respondents).

Those who embody the typical tourist are the ones who spend the majority of their time exploring, renting cars or jumping trains and heading to nearby Vien-

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na, Prague or Budapest. As one couple said, “We’re traveling and we’re tourists, because we’re seeing the sights. I want to learn more about each place, and I love taking photographs and seeing new things.” We will see, however, that the reality of infertility still intrudes upon these holidays.

Some couples may not have the financial resources to travel so extensively, yet they still head to nearby attractions such as the zoo or castles, which are in abundance. However, they would never have chosen the Czech Republic as a tourist destination. Those who see local sights and spend time relaxing, but find themselves in the Czech Republic have said, “The bonus is the tourism, but would I have specifically chosen the Czech Republic? No. If the focus is the reproductive aspect, I can’t really call myself a reproductive tourist.” And finally, there are couples who are either uncomfortable travelling or without the means to travel more than they already have. They coop themselves up in their rooms, skyping with friends and watching endless videos. Those who have put all their savings into traveling for IVF stay in their hotel rooms the entire time: “We’re not really touring a whole lot, we’re trying to kill time more than anything. We’re not doing a whole lot with our time.”

People vary in the extent to which they travel while in the Czech Republic, given their financial means as well as their level of comfort in European travel. Ten percent of my respondents had never traveled abroad, while the majority had traveled, though never to the Czech Republic. North Americans often approach their travels as a diversion from the fact that they are undergoing treatment, exploring a country they knew relatively little about until their visit. Zoe said that she and her husband traveled to make it a balanced experience, not all about expensive reproductive treatments. You want to go where you can get away from the clinic. Not mentally, she admitted, but physically. She said while couples are sightseeing, they are experiencing something new, which somewhat takes their mind off their treatment. Since it is emotionally taxing to go through treatment, sightseeing takes your mind off of it. However, even for couples traveling around Europe to the fullest extent, the fact or purpose of their trip is rarely far from their minds.

In addition to traveling, patients pampered themselves. Claudia had sought out massages and acupuncture while in the Czech Republic, as did Kate and Maureen. Zoe said she had found a masseuse while in the Czech Republic, since she wanted to deal with the “stress knots on her neck and back.” Coordinators want people to feel like they are tourists, and go as far as to link patient success rate to those who truly treat their trip as a vacation. There is a moral economy at work, whereby social understandings of infertility becomes paramount as an ethical framework is constructed around who deserves to get pregnant. Diana, a Czech coordinator in Brno, claimed that “those who take it easy, don’t do massage or acupuncture, they are the 99% [who] get pregnant.” How ironic! Women are trying to relax through acupuncture and massage, yet are still blamed for being too high strung.

Brokers casually claim that it is the couples who truly relax, who treat their trip as a vacation – embarking upon short trips around Europe and allowing others to coordinate their treatment and accommodation, who are the ones who have a successful treatment. Hana, of IVF Holidays, divided her clients into two main groups: those who go with the flow, and the ones who have to control everything. She also characterized the blogs women belong to as being full of “crazy women” who freak each other out and give advice. Embedded in these two statements is a ridicule of the women undergoing the stress of infertility, as well as the insidiousness of telling women to simply relax and go with the flow. Forty percent of my respondents successfully became pregnant after their cycles in the Czech Republic, although I did not divide women into such categories.

### **Vacation interrupted by “Stirrups at the End”**

Those couples who use IVF brokers do feel they are receiving a service that encourages them to treat their time like a vacation. Julie, from South Carolina, said that the trip would have been too stressful without a coordinator. Her husband joked that when they arrived at the airport, they met this man who did not speak English and handed them a cell phone with someone speaking English telling them to get into his car and that he would take them on a three hour ride to their destination. He joked that this guy could have killed them. This comedic memory brackets the extent to which their vacation is punctuated by stress. In fact, we can consider reproductive patients as “risk takers” who are arranging their services online with a brand new kind of broker. There is an undeniable element of stress simply in contracting with an IVF coordinator – as Amber joked, “I said a little prayer that it wouldn’t crash my computer and I clicked.”

In speaking to a doctor in Atlanta, I asked if it is more relaxing for couples to go abroad, and he bluntly replied, “Silly. You’re in a country that uses a Cyrillic alphabet and you don’t know how to get on the damn bus. You know that’s bull, that’s just bull.” Hana, owner of IVF Holiday did admit that most couples find Czech culture “strange”, in areas such as food, limited hours of shops, and certain clinical practices. While Czech does not have a Cyrillic alphabet, it is difficult to get around for most patients. Alida and Allan, a couple from Texas, said it had been “overwhelming” to travel to the Czech Republic. Daniel did not care for the fact that they had to fly halfway around the world for treatment. Maureen and Daniel, and Allison, had had a terrible time with trains and figuring out schedules and directions. Thus, while patients try to embrace their trip as something relaxing, it is punctuated by stressful preparation and moments of trial and error.

April and Larry had taken full advantage of going out and exploring, visiting nearby Austria, Poland and Slovakia. They had rented a car from the owners of the *penzion*, and spent most of the time exploring. They admitted that it would be nice

to not have issues, to not have to see a doctor, to truly be on vacation. They admitted that having the distractions during treatment was nice. Larry had wondered before they left if they would really be able to just get away, and they had. That is, before they had their second appointment. When they came back to Zlín for their egg retrieval, they talked about how they had a “reality check” when they heard about the number of eggs retrieved. Women are often sedated for the egg retrieval, and may experience cramping or discomfort afterwards. An average number of eight to fifteen eggs may be retrieved, and so women often compare their own numbers to these “norms”. April and Larry only had six, whereby other women had announced that they had had numbers around 18. Hearing only six was a disappointment and felt like an immediate setback to them.

The announcement of numbers of eggs retrieved and fertilized was often followed by feelings of exultation or dejection. Another couple was upset about their three-day transfer, since it was general knowledge that a five-day cultivation period optimizes chances for pregnancy. Jessica had been really disappointed when she had only three embryos, since most couples talk about freezing embryos for possible future visits - “banking” or “saving” for future trips. Couples inevitably felt sad if they did not have this possibility. Hence, it is usually on the egg retrieval appointment or the day of transfer when couples are awakened back to the reality of their situation.

Angela and Chris said 95% of their trip had been smooth, but they did have traumatic stress points with trains and planes. Angela and Chris felt like teenagers backpacking through Europe, and they had not had two weeks off in forever. Yet at the same time, she felt that the process was very stressful. Chris said, “Zlín is an interlude to a really nice trip.” Zlín was not thought of as part of the vacation, it was a stopping place, a break, a waiting station. It was the “stirrups” at the end of a European vacation, stirrups evoking a gynecological visit for North Americans. She said even with an adoption going through at the same time, she still felt a lot of pressure. Women spoke of feeling pressure for the treatment to be successful, as Amber and Angela and Chris had. As Maureen wrote me from her second trip to Zlín, “Thanks for the good wishes, I am terrified, hopeful and excited all rolled into one big ball of tired nerves.” I often witnessed women “stressed” or a ball of “nerves” on the day of the transfer. They would sometimes lash out at their husbands.

A petite Floridian, Kate had large amounts of nervous energy the morning before her transfer, she could barely eat her breakfast and was tearing up as we took a walk outside to try to calm her nerves. Alison, a teacher from Minneapolis, tried to comfort her by saying that the transfer was really easy. However, when it was her day of transfer, Alison was also very nervous. She had asked the clinic to do several tests to “put her mind at ease.” Alison admitted that she could “depress the hell out of myself,” if she thought about her infertility for too long. Women often ate pineapple before and after their transfer, an old wives’ tale circulating among

Czech hosts and American guests claiming it helped create a comfortable atmosphere for the embryos. And finally, Zoe said that by the day of the transfer, they were “utterly freaked out.”

### **Czech clinic promotes ultimate contradiction: self-managed attitudes**

Just as patients often contrasted the stress of treatment in North America with the relaxed Czech treatment, so they also felt more empowered in their clinical encounters. Having already assumed a proactive role with respect to their health, women felt they had voices and could make demands, whereas they repeatedly felt like they were treated as a number in the United States. Faith said that she had wanted “control” over treatment options, whereas she had not had any in the United States. Women appreciated that they had some say in their treatment, whereas we must remember that they have become consumers rather than patients in the context of Cross Border Reproductive Care.

An example of the contradictory nature of reproductive travel – whereby patients have considerable agency as consumers, a more empowered voice in the clinic encounter, and thus they also face the stress of making decisions about their treatment – is in the question of how many embryos to transfer. Faith said, in making her decision:

“So, I had done a lot of research prior to either IVF cycle. I knew the dangers. I know the dangers of transferring too many. I know it’s a gamble. I made an educated decision myself. This was not some crazy person. I was having to factor in all of our circumstances: the fact that this was our only trip, the fact that freezing one embryo and coming back for that one embryo is not cost effective. If we had the money to come back and do another fresh cycle and freeze any from that, and then do another frozen cycle, I would have made that choice - to freeze one embryo. But I didn’t want to just transfer two and freeze two, because I didn’t want to lower the odds for this trip.”

Faith is putting her body under pressure, in transferring more embryos than the embryologist recommended, weighing future trips or the cost-benefits of each, her body becomes the stage for her contradictory experience. Czech insurance covers up to four cycles of in-vitro fertilization for Czech women under the age of 35, as long as only one embryo is transferred. Hence, there is a large difference in the level of “choice” North American patients can make about the number of embryos to transfer, that choice being directly tied to their status as consumers.

IVF is not a “sure bet,” and Eva-Marie Knoll (2001: 120) has discussed the prevalence of gambling metaphors in the realm of reproductive technologies. Dr. S., a reproductive specialist from Atlanta said, “I say to them, this is getting to the

point where I don't see where we can do anything different that's going to make a difference. You might get lucky, but there's been a lot of trying to get lucky. I don't want this to be like the guy who's already lost ten thousand dollars at gaming tables in Vegas, who thinks that if he just plays one more hand, he'll get it all back. Actually, that analogy is very powerful." There is a lot of discussion of money and different cost-benefit analyses couples undertake when they are weighing the cost of travel and treatment in the Czech Republic compared to the United States. The fact that couples can travel to the Czech Republic three times for the price of one cycle in the United States is the most often cited reason for traveling abroad for treatment. As Tracy said about IVF with donor egg cost of \$50,000 in California: "It's a hell of a lot of money and you don't know whether it's going to work."

Patients seem to self-monitor their attitudes as they go through treatment. Daniel and Maureen, a couple together since college, talked of consciously trying to treat their trip "like a vacation...except when we were at the clinic." Daniel said that he could get anxious and Maureen could "spiral." She had suffered depression in the past, claiming that she was "broken." They made great efforts to not think about the process. He said he hoped that in a "karmic" world, of a long time of trying, that they would have a successful cycle. He said, "I believe in the power of positive thinking; you can make it happen." Unfortunately, they have been unsuccessful twice already, and still feel compelled to try again in the spring. The clinic has profitably embraced this idea of positive thinking and hard work that pervades the lives of American patients. Lenka, the clinic's main coordinator, and wife of one of the doctors, told Daniel: "The only people who don't get pregnant are those who stop trying." Daniel found this statement to be empowering, whereas I consider it aggressive self-promotion and marketing. The risks of ovarian cancer, ectopic pregnancy, multiple births and ovarian hyper-stimulation, not to mention the psychological and emotional stress associated with in-vitro fertilization are inevitably downplayed in this statement.

I remember April talking about how she had brought relaxing meditation music with her to the clinic on the day of the transfer, trying to instill relaxation and positive thinking. Couples often talked about trying to be positive, including Linda and Michael, Tracy, Claudia and Ben. Doug talked about how he was "thinking positive." In other words, even if couples claimed to know that they had no control over the outcome, they would speak in terms of "fate," as Maureen said, "If it is meant to be," it will happen. Similarly, Jenny said that if her cycle did not work, she would take it as a "sign". Yet, she still traveled back to the Czech Republic for a fourth attempt after her miscarriage last fall, selectively ignoring the "signs." At another level, in addition to patients embracing the self-blame inherent in prescriptions to relax and think positively, those who are positive thinkers are deemed better people. Positive thinking connotes the worthy individual, especially one who would make a good parent. For example, Cindy self-referred as a "positive

person,” signifying her moral worth to become a mother who would stay at home to raise her child.

Claudia, a nurse from Seattle, had traveled to the Czech Republic a total of three times for IVF. She talked about how she remained “healthy” and how she was a positive thinker, and remembered back to a previous trip with another woman who was very negative about the whole thing, but had gotten pregnant. She spoke of this as a cause for wonder. She had done acupuncture and massages to decrease her stress, and often wrote in her journal. In talking about her most recent transfer in the summer of 2011, she had noticed the doctor was different than the one who had done her egg retrieval, and it had struck her. Yet, she did not want to say anything, for fear of “putting negative energy into the room.” One sees that even as empowered as they are as consumers in the Czech clinic, there are times when patients silence themselves, under the new age directive of the power of the mind.

## Conclusion

Returning to the previous moment for Faith, who was weighing her choices for embryo transfer, she decided against heeding the embryologist’s advice to transfer only one or two embryos:

“I knew the risk, I knew that it was a gamble, but I also knew how my body responded. I was terrified of never being able to do this again, because I watched my husband work hard for this money for months. I mean basically from as soon as we got home from her [daughter’s] cycle, he was setting money aside again, for the next time. I already felt terrible that my body had responded so poorly, and I kept thinking what could I have done or changed?”

It is the woman’s body that is the site of struggle, where women are the risk takers in this global endeavor of CBRC. All of the contradictions embedded in reproductive technologies abroad become embroiled and enmeshed.

Feminists have shown the contradictions inherent in assisted reproductive medicine, and I argue that these contradictions become more complex when situated within a global, neoliberal stage of health care. My research with North American, heterosexual couples as reproductive travelers in the Czech Republic reveals a wide range of contradictions inherent in the “global assemblage” of reproductive travel (Ong and Collier 2005). North American patient travelers angry about the high costs of fertility treatment in the United States, see it as a big business (Spar 2006). While many find the high costs prohibitive, they find “hope” in their ability to travel. Yet, we must caution patients about the extent to which they will experience a true IVF vacation.

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